

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO.		INCIDENT NO.		STN#		PRIMAR																	
ON OR BETWEEN										NM0260100		15-011046		2		YES																	
MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY				GEOGR. CODE		CASE NUMBER		BURGLAR FORCE NO F.		NO. OF UNITS ENT.																	
07/29/2015		07/29/2015		07/30/2015		SANTA FE PD				01075		15-011046		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																	
TIME		TIME		TIME		ADDRESS / LOCATION OF INCIDENT				CITY		CTY.		ZIP		HATE / BIAS MOT. CODE																	
09:00		WED		17:30		WED		09:00		THU		2500 SAWMILL RD #616				SANTA FE		01		87505													
OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING							
						1		LARCENY >\$2,500 BUT <\$20,000		30-16-1(E)		F		C				NO		YES		NO		B		20		99		UNK			
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE							
						G-PARENT/GUARDIAN		C-CITED		D-DECEASED				H-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-APPARENT BROKEN BONE		M-APPARENT MINOR INJURY		U-UNCONSCIOUSNESS		B-BLACK		C-CHINESE		O-OTHER			
						R-REPORTING PERSON		S-SUSPECT						B-BUSINESS		R-RELIGIOUS				I-POSSIBLE INTERNAL INJURY		O-OTHER MAJOR INJURY		N-NONE		H-HISPANIC/MEXICAN		J-JAPANESE		U-UNKNOWN			
						INTERVIEWED		A-ARRESTED		A-MISSING PERSON/ RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/TUPB				L-SEVERE LACERATION		T-LOSS OF TEETH				A-AMERICAN INDIAN/NATIVE AMERICAN							
						PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																					
						V		I		N		ALESSI																					
												JOANN																					
												STREET ADDRESS		APT. NO.		CITY												CTY.		STATE		ZIP	
												2500 SAWMILL RD		616		SANTA FE												01		NM		87505	
												RES. PHONE		BUS. PHONE																			
												(505) 982-2867																					
												HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.	
						PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																					
						STREET ADDRESS		APT. NO.		CITY														CTY.		STATE		ZIP					
						RES. PHONE		BUS. PHONE																									
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO		REL.		VICTIM OF SUSP. NO		REL.							
						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE													
						1		17		RING								\$150.00															
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.															
												BLOSH EQUARE/ SILVER																					
						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE													
						1		17		RING								\$150.00															
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.															
												ABRREY / SILVER																					
						YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR											
						VALUE / DAMAGE EST.																											
SYNOPSIS						ON THURSDAY 07-30-15 THE ABOVE VICTIM SAID WHILE SHE WAS IN THE PROCESS OF MOVING SHE DISCOVERED HER JEWELRY WAS MISSING FROM HER RESIDENCE. THERE WAS NO FORCED ENTRY ANYWHERE IN THE RESIDENCE. NO WITNESSES OR SUSPECTS.																											
CERT./STATUS						"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE																	
						REPORTING OFFICER (PRINT)		RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO		I.D. NO.		DATE															
						NIETO, JOSEPH		POIV		3679		07/30/2015		INVESTIGATIONS																			
						ASSISTING OFFICER (PRINT)		RANK		I.D. NO.		DATE		PROCESSED BY		DATE		DATA ENTRY PERSON		DATE													
AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)						APPROVING OFFICER (PRINT)		RANK		I.D. NO.		DATE		INCIDENT STATUS		EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF.TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE		DATE													
INVESTIGATIONS						CASES CLEARED BY THIS ARREST CASE NO. CASE NO.																											

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO. NM0260100		INCIDENT NO. 15-011055		STN#		PRIMAR YES																				
ON		OR		BETWEEN																																
MM/DD/YY 07/29/2015		MM/DD/YY 07/29/2015		MM/DD/YY 07/30/2015		AGENCY SANTA FE PD				GEOGR. CODE 01075		CASE NUMBER 15-011055		BURGLAR FORCE NO F. <input checked="" type="checkbox"/> <input type="checkbox"/>		NO. OF UNITS ENT. 1																				
TIME 15:30		DAY OF WEEK WED		TIME 19:00		DAY OF WEEK WED		TIME 12:00		DAY OF WEEK THU		ADDRESS / LOCATION OF INCIDENT 1061 CAMINO MANANA				CITY SANTA FE		CTY. 01		ZIP 87501		GANG REL. YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>		HATE / BIAS MOT. CODE 00												
OFFENSE	OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING									
	1 BURGLARY						30-16-3		F		C		220		NO		NO		NO				20		95		95		95		UNK		UNK		UNK	
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)	PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE															
	G-PARENT/GUARDIAN		C-CITED		D-DECEASED				I-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-APPARENT BROKEN BONE		B-BLACK		A-ASIAN/ORIENTAL		W-WHITE															
	R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON/				S-BUSINESS		R-RELIGIOUS				M-APPARENT MINOR INJURY		H-HISPANIC/MEXICAN		C-CHINESE		O-OTHER															
	I-INTERVIEWED		A-ARRESTED		RUNAWAY				F-FINANCIAL INST.		S-SOCIETY/PUB				U-UNCONSCIOUSNESS		J-JAPANESE		J-JAPANESE		U-UNKNOWN															
	PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																													
	V		I		N		GARDNER																													
							SUSAN																													
							STREET ADDRESS		APT. NO.		CITY																									
							1061 CAMINO MANANA				SANTA FE																									
							RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX																			
						(505) 986-9774										F																				
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.						
						5' 05"		136 LBS		WHI		HAZ																								
						PERSON CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																								
						STREET ADDRESS		APT. NO.		CITY																										
						RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX																				
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.						
						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE																
						1		25		PURSE								\$20.00																		
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																		
												RED LEATHER																								
						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE																
						1		09		CREDIT CARD																										
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																		
												CITI FROM AMERICAN AIRLINES																								
						YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR														
						VALUE / DAMAGE EST.																														
SYNOPSIS		ON 07/30/15 MS. GARDNER REPORTED HER PURSE WAS STOLEN. SOMEONE CAME INTO HER HOUSE AND STOLE THE PURSE FROM HER DESK.																																		
CERT. / STATUS		"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE																								
		REPORTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE																		
		LARAMIE, CHARLES				POIII		6828		07/30/2015																										
		ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON				DATE														
		APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE												DATE														
		AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)												INCIDENT STATUS				EXCEPT CODE		A-DEATH OF OFFENDER B-PROSECUTION DECLINED C-EXTRADITION DENIED D-VICTIM REF. TO COOPERATE E-JUVENILE, NO CUSTODY N-NOT APPLICABLE				DATE												
		INV												CASES CLEARED BY THIS ARREST				CASE NO.		CASE NO.				07/30/2015												

[illegible]

OCCURRENCE DATE(S)				DATE REPORTED		SANTA FE POLICE DEPARTMENT HOT SHEET				ORI NO.		INCIDENT NO.		STN#		PRIMAR																			
ON OR BETWEEN										NM0260100		15-010950		01		YES																			
MM/DD/YY		MM/DD/YY		MM/DD/YY		AGENCY				GEOGR. CODE		CASE NUMBER		BURGLAR FORCE NO F.		NO. OF UNITS ENT.																			
07/26/2015		07/26/2015		07/28/2015		SANTA FE PD				01075		15-010950		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		1																			
TIME		DAY OF WEEK		TIME		DAY OF WEEK		ADDRESS / LOCATION OF INCIDENT				CITY		CTY.		ZIP																			
04:08		SUN		04:09		SUN		1221 CALLE DE COMERCIO				SANTA FE		01		87507																			
OFFENSE / INCIDENT						STATUTE OR ORDINANCE		FEL/ MISD.		ATTEMPTED/ COMPLETED		UCR OFFENSE CODE		DOM. VIOL.		SEX CRIME?		CHILD		CRIMINAL ACTIVITY CODE		LOCAT. CODE		WEAPON CODE UP TO 3 PER OFFENSE		OFFENDER(S) SUSPECTED OF USING									
						1		BURGLARY		30-16-3		F		C		220		NO		NO		NO		P		23		01		NO		NO		NO	
						2		UNLAWFUL TAKING OF MV <\$2,500		30-16D-1(A)(1)		F		C		220		NO		NO		NO		P		23		01		NO		NO		NO	
SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)						PERSON CODES		V-VICTIM		W-WITNESS		O-OTHER		TYPE CODES		P-POLICE		O-OTHER		INJURY CODES		ETHNIC CODES		A-ASIAN/ORIENTAL		W-WHITE									
						G-PARENT/GUARDIAN		C-CITIZEN		D-DECEASED				I-INDIVIDUAL		G-GOVERNMENT		U-UNKNOWN		B-APPARENT BROKEN BONE		M-APPARENT MINOR INJURY		U-UNCONSCIOUSNESS		H-HISPANIC/MEXICAN		J-JAPANESE							
						R-REPORTING PERSON		S-SUSPECT		M-MISSING PERSON/		F-FINANCIAL INST.		S-SOCIETY/PUB		L-SEVERE LACERATION		T-LOSS OF TEETH								I-AMERICAN INDIAN/NATIVE AMERICAN		O-OTHER							
						INTERVIEWED		A-ARRESTED		RUNAWAY																									
						PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)		ARI		B																			
						V		I		N		GORDON																							
						STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP																			
						5 DEMAS ROAD				SANTA FE		01		NM		87508-0000																			
						RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE		WHT		BLK		IND		UNK									
								(505) 920-0391								M																			
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.									
						5' 11"		185 LBS		BLK		HAZ																							
						PERSON N CODE		TYPE CODE		INJURY CODE		1-NAME (LAST, FIRST, MIDDLE, SUFFIX)																							
						STREET ADDRESS		APT. NO.		CITY		CTY.		STATE		ZIP																			
						RES. PHONE		BUS. PHONE		SOCIAL SECURITY NO.		DOB		AGE		SEX		RACE		WHT		BLK		IND		UNK									
						HEIGHT		WEIGHT		HAIR		EYES		ETHNIC		AGG. ASSAULT JUST. HOM. CODE		VICTIM OF OFF. NO.		VICTIM OF SUSP. NO.		REL.		VICTIM OF SUSP. NO.		REL.									
						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE															
						5		77		STATEMENT																									
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																	
						1						WRITTEN STATEMENT																							
						PROPERTY STATUS		PROPERTY TYPE		TYPE OF ITEM		MAKE / BRAND		MODEL		CALIBER		VALUE		DRUG VALUE															
						5		77		PHOTOGRAPHS																									
						SUSPECTED DRUG TYPE		QUANTITY		UNIT OF MS.		DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)		SERIAL / OAN		DATE RECOVERED		N.I.C. NO.																	
						1						CD- PHOTOGRAPHS																							
						YEAR		MAKE		MODEL		BODY STYLE		LICENSE NO.		LIC. YEAR		LIC. ST.		TOP COLOR		BTM. COLOR													
						2008		HOND		230		MB		N/A						RED		WHI													
						VALUE / DAMAGE EST.																													
SYNOPSIS						ON TUESDAY JULY 28, 2015 AT APPROXIMATELY 1041 HOURS, I WAS DISPATCHED TO 1221 CALLE DE COMERCIO REFERENCE TO A BURGLARY. CONTACT WAS MADE WITH REPORTING PARTY IDENTIFIED AS MR ARI GORDON. GORDON STATED THAT ON HIS ARRIVAL TO HIS BUSINESS ON THIS DAY, HE OBSERVED TWO DIRT BIKES STOLEN FROM THE FRONT OF HIS BUSINESS. IT WAS LATER FOUND THAT THE NORTH SIDE CHAIN LINK FENCE WAS CUT AND MOVED OVER.																													
CERT. / STATUS						"I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED."		YES		NO		"I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE."		COMPLAINANT / VICTIM CERTIFICATION SIGNATURE		X		DATE																	
						REPORTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/ REFERRED TO				I.D. NO.		DATE													
						REAMS, GREG				POIII		7463		07/28/2015																					
						ASSISTING OFFICER (PRINT)				RANK		I.D. NO.		DATE		PROCESSED BY				DATE		DATA ENTRY PERSON													
						APPROVING OFFICER (PRINT)				RANK		I.D. NO.		DATE		INCIDENT STATUS				EXCEPT CODE		A-DEATH OF OFFENDER		B-PROSECUTION DECLINED		C-EXTRADITION DENIED		D-VICTIM REF. TO COOPERATE		E-JUVENILE, NO CUSTODY		N-NOT APPLICABLE		DATE	
																<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> INACT. <input type="checkbox"/> CLOSED <input type="checkbox"/> U.F. <input type="checkbox"/> CL.A. <input type="checkbox"/> CL.E.																			
						AGENCY OPTIONAL USE (DISTRIBUTION, OTHER OFFICERS, ETC.)										CASES CLEARED BY THIS ARREST				CASE NO.		CASE NO.													
						INV																													